

**The Bill Blackwood  
Law Enforcement Management Institute of Texas**

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**The Calm Before the Storm:  
The Need for Critical Incident Stress Management  
Policy and Procedure In Law Enforcement**

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**An Administrative Research Paper  
Submitted in Partial Fulfillment  
Required for Graduation from the  
Leadership Command College**

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## **ABSTRACT**

Law enforcement officers frequently deal with traumatic or critical incidents during the course of their work. Exposure to these types of events often results in extreme psychological stress that can have broad reaching negative affects upon the officer and ultimately his agency and the community. For these reasons the author conducted this research with the intention of affecting the implementation of critical incident stress management policies and procedures in law enforcement agencies. The validity of this purpose is established through the author's review of studies documented in various periodicals and publications, and by considering articles in scholarly journals. Additionally, the author documented the primary research conducted through the use of a written survey administered to Texas law enforcement officers. The author found multiple studies supporting critical incident programs as being effective in mitigating the negative affects of psychological injury due to exposure to traumatic or critical incidents. Furthermore, results of the survey conducted supports the author's contention that, due to a negative stigma surrounding stress induced by exposure to traumatic or critical incidents among members of the profession, law enforcement officers experience anxiety when requesting assistance or help in dealing with critical incidents. Critical incidents may have tremendous and far-reaching negative impacts and research clearly establishes the ameliorating affect of critical incident programs, especially contemporary multicomponent critical incident stress management programs. It is obviously in the greatest interest of all, officers, their organizations, and the community, for law enforcement agencies to implement critical incident stress management policies and procedures.

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## INTRODUCTION

On a daily basis police officers perform in a vast number of roles. They are expected to handle everything from the most mundane tasks to the most critical situations. They are at times law enforcers, mediators, counselors, lifesavers, and witnesses to the most devastating of events; but as is often forgotten, they are also merely human. Just as any person, they experience stress and, in direct correlation to their role as a police officer, they are frequently exposed to traumatic and critical incidents which have tremendous impact on them personally.

If they are not equipped with the coping skills and provided the resources necessary to overcome the trauma they experience, the negative results can be devastating. Given the level of impact critical incidents can have, officers dealing with this type of situation may suffer grave consequences. Failing effective coping, officers exposed to these incidents will likely experience harmful effects in both their professional and personal lives, which may even rise to the level of destructiveness.

In conducting this research, the author's purpose is to establish the value of, and need for, law enforcement agencies to develop and implement Critical Incident Stress Management (C.I.S.M.) policies and procedures. The research question that will be explored is: Are Critical Incident Stress Management policies and procedures beneficial in law enforcement? The author hypothesizes that such implementation is beneficial to both law enforcement agencies and the officers themselves. Methods of inquiry that will be utilized include: researching documentation on this subject in various periodicals and publications, review and consideration of writings from scholarly journals, and surveys of Texas law enforcement personnel. The author anticipates finding positive

experiences, regarding both administrative perspectives and participant benefit, within agencies having established C.I.S.M. policies. Further, the author contends, research will establish that in the absence of a critical incident policy mandating participation, officers will encounter stress with regard to requesting assistance due to a stigma among law enforcement officers associated with asking for help. Ultimately, the author's intended outcome is the development and implementation of C.I.S.M. policy in law enforcement agencies where it has not previously been established.

There are potential broad-spectrum benefits from this research. Assuming the author's hypotheses are affirmed, implementation will result in mentally, physically, socially, and professionally healthier officers. Law enforcement agencies will also benefit due to the prevention of a myriad of career related performance problems. Finally, the benefit to the community will be broad reaching; officers who have been assisted to greater health in these areas are more able to achieve excellence in all areas of service to their community.

## **REVIEW OF LITERATURE**

Increasing levels of attention have been given to the psychological health of emergency services personnel over the past three decades. Stress related to job function among law enforcement officers has been the focus of multiple studies (McCafferty, McCafferty, & McCafferty, 1992; Reese, Horn, & Dunning, 1991; Smith & deChesnay; Linton, 1995). Law enforcement officers certainly have the potential to be the primary victim experiencing acute stress reactions, but are additionally exposed to incidents which place them at risk for vicarious traumatization (McCann & Pearlman, 1990).

The likelihood that an officer will experience acute stress reactions has been attributed not only to the scope of their work, but also to their personalities. They are characterized as highly dedicated, action-oriented individuals that have high performance standards and who desire to be in control both internally and externally. One common trait is consistent in descriptions of emergency service responders: they are driven by a desire to help others above all else (Mitchell & Bray, 1990). This behavior, best described as pro-social behavior, leads them to help others, even when the possibility of personal risk exists. It is possible that any person might respond in this way on rare occasion; law enforcement officers, however, choose to react in this manner regularly (Linton, 1995).

Law enforcement officers often begin their careers with admirable intentions and typically experience satisfaction from helping others in the beginning stages of their work. However, they are seldom prepared for, or trained to cope with, the emotional toll their line of work can take. Over time, their self-perception can become altered and they may develop an “us” and “them” mentality. This contributes to a pattern through which some will protect themselves by dehumanizing victims, often characterized by altered responses and language, and by becoming entrenched in a fellowship among officers that separates them from other groups or citizens (Linton, 1995).

Unfortunately, this can place a tremendous strain on the officer’s social support system. This is especially true when those closest to the officer are not employed in public safety or emergency services and lack understanding and knowledge of the bonds that form among officers. Additionally, the nature of police work frequently requires that officers suppress their emotions in order to approach situations with

control and the highest level of safety possible. Even after it has been established that the incident is under control and officers are safe, professional norms combined with the common personality traits mentioned above impede the expression of emotion over the stressful event (Clark & Friedman, 1992). A widening gap in communication and understanding between an officer and those they have significant relationships with outside of law enforcement, coupled with a work environment where expressing emotion is discouraged, may leave an officer with little or no outlet for mounting, even chronic, stress.

Nevertheless, officers are often still compelled to carry on, in spite of the difficulties, fulfilling their commitment to those who need them. Officers may have a general sense of responsibility or duty, even to those who have not yet become victims, to those who may need them in the future. As with many other emergency service professions, pressures from high work loads and understaffing drive those in such industries to move on to the next task, call, or incident, with little regard for their own vulnerabilities. They frequently have an uncanny ability to place their own needs on hold so that they may meet the needs of others (Martin, 1993).

Extraordinary events encountered during the course of their work, as well as the aforementioned chronic stress, can create tremendously strong emotional reactions among law enforcement officers. Following a decade of field research in this area, Jeffery Mitchell (1983) labeled these events as critical incidents. Mitchell (1983) described a critical incident as a situation that causes emergency personnel to experience severe emotional reactions that may interfere with their ability to function

during or after the event. When an individual's coping skills fail following a perceived threat or challenge, a crisis occurs (Everly & Mitchell, 1997).

Studies of critical incidents have evolved from crisis intervention theories and origins in military intervention principles of immediacy, proximity and expectancy (Grinker & Spiegel, 1945). Over time, studies and research progressed from the early intervention goals of the crisis intervention approach (Caplan, 1964), to the early classification of potentially critical situations including loss of bodily integrity, significant relationships, or personal integrity; changes in social status; normal stages in maturational growth; and catastrophic events (Sandoval, 1985). Eventually these concepts, which focus on the individual, were expanded to encompass groups of victims. Similar to the goals of individual crisis intervention, the objectives of group psychological debriefing are to stabilize the situation in order to mitigate the intensity of symptoms resulting from psychological trauma, to reduce or prevent maladaptive responses, facilitate psychological closure, and restore reasonable function and caring attachments (Everly, Flannery, & Mitchell, 2000; Sacks, Clements, & Fay-Hillier, 2001).

Originally, psychological debriefing for groups involved in critical incidents was designed to assist emergency responders (Mitchell, 1983). Although many critical incident stress debriefing (C.I.S.D.) models have been considered, the seven stage Mitchell model has been the most thoroughly examined (Mitchell 1983; Mitchell & Everly 1993). The first stage is an introduction to the debriefing and explains the rules and goals. In stage two the facts of the incident are discussed and participants are asked to describe their role during the event. Stage three moves from a cognitive perspective to emotion with discussion of the thoughts of the participants when they arrived at the



scene. When group participants begin to identify emotions they experienced on the scene and since that time, stage four has been achieved. In stage five participants are encouraged to share any symptoms of distress they have been experiencing such as sleep disturbances and anxiety. Often a number of the group members will experience similar symptoms and learning this can begin to normalize these responses among the participants. Stage six encompasses teaching coping strategies and provides information to significant others so that they better understand what the participant has experienced. Finally, the seventh stage is a preparation for return to work and any referral planning.

Response theories to critical incidents have now evolved to comprehensive, multicomponent programs most frequently referred to as critical incident stress management programs. The goals of C.I.S.M. programs are similar to those of crisis intervention and debriefing in that they seek to relieve symptoms through intervention, and preserve reasonable mastery, meaningful purpose, and caring attachments. The basic components of the C.I.S.M. programs were outlined by Everly and Mitchell (1997) and typically include preparing individuals through precrisis training, individual counseling, defusings (short group transitional interventions), demobilizations (short group decompression interventions), critical incident stress debriefings (C.I.S.D.) as described earlier, support information and interventions for family, and follow-up to include referrals to professional mental health counselors when necessary (Everly, Flannery, & Mitchell, 2000).

Critical incidents and the resulting psychological trauma can have tremendous and far-reaching impact. Victims may experience disruption to work function,

attachment and meaning, in addition to sleep disturbances, disturbing memories, fear, anxiety, anger, grief, and depression (Flannery, 1994). In addition to the immediate and personal effects of human injury and suffering, critical incidents impact such areas as productivity and create social and community disorganization (Flannery, 1995).

In examining the reach of a critical incident, the author begins with the individual officer. Law enforcement officers are typically provided with intensive training in operating technologically advanced equipment, handling numerous and varying dangerous situations, and on the tasks associated with carrying out their duty assignments. However, influence by the law enforcement culture and a tendency to down play the stress accompanying policing careers, officers are seldom prepared for the psychological peril they will invariably face. When on the scene of a critical incident, officers may experience symptoms such as suppression or numbing of emotions, crying, panic, an unfocused gaze (frequently referred to as the thousand yard stare), and an inability to carry out their duties (Linton, 1995). Given the common personality traits frequently found among law enforcement officers and the nature of their profession, they value being in control and often view themselves as capable of handling any circumstance. Operating under the assumption that most situations they encounter will be manageable and predictable in some form, leaves them vulnerable to the psychological demands of changing self perceptions and changing views of the world in general, following an unexpected and traumatic critical incident. The myriad of disruptive symptoms experienced by those who have suffered traumatic psychological events may cause some to use substances as a form of self medication (Everly, Flannery, & Mitchell, 2000; Khantzian, 1985). Symptom progression over the days,

weeks, and months subsequent to such events may mirror the characteristics of acute stress disorders and in some cases evolve into full post traumatic stress disorder in the officer.

The impact of critical incidents does not end with the officer. Although strong bonds of understanding sometimes form between coworkers in public safety, those bonds are often limited by the fear that seeking assistance in dealing with critical incidents will mark an officer as weak or stigmatize him or her as incapable in some way. Personal and social support networks outside of the profession are frequently affected by a lack of knowledge and understanding of what law enforcement officers face regularly, as well as extreme differences in world views. Over time chronic hyperarousal and growing negative views toward reality, combined with a disintegrating social support structure, can lead to chronic stress. In addition to the loss of personnel through attrition, such chronic stress conditions have been found to cause higher than average rates of substance abuse and divorce (Linton, 1995). Often, the significant others of law enforcement officers are not privy to the bonds shared among coworkers or the repeated exposure to traumatic incidents their loved ones face. This gives rise to high rates of marital tension. When coupled with the typical disruption to family routines resulting from shift work and responding to emergencies, as well as the stress relief substance abuse that occurs from time to time, it frequently leads to greater than normal instances of family disintegration and divorce among public safety personnel (Linton, 1995).

In addition to studies documenting the negative bearing of critical incidents upon law enforcement officers and their families, such events have been found to impact law

enforcement agencies as a whole. Stress not only affects the individual officer's function in the work place, but can spill over, affecting other officers and shaping the mentality of the department. Officer stress sometimes manifests itself in work related matters such as increased citizen complaints, tardiness, on-duty accidents, and the use of sick leave. Additionally, officer stress can negatively impact decision-making, be marked by disciplinary problems, and result in high officer turnover (Kureczka, 1996). Aside from the tremendous and obvious personal aspects of critical incidents, administrators in the law enforcement profession face significant fiscal challenges in the representative costs of these events. They must have enough foresight to consider not only the cost of implementing the programs needed to assist employees experiencing critical incidents, but also to recognize the much greater cost of replacing the experience, training, and knowledge of a veteran officer lost to the psychological injuries of a critical incident.

Concerns for the community manifest as well when members of law enforcement experience traumatic critical incidents. In evaluating the community perspective it is necessary to place important regard on the fact that public safety personnel provide services that are indispensable to those they serve. When the psychological health of a law enforcement officer deteriorates to the level of maladaptive behaviors and cognitive responses, their occupational life suffers. When members of public service organizations become dysfunctional as a result of the acute or chronic stress, the services they provide are being performed by impaired professionals (Linton, 1995). This gives rise to obvious concerns for the safety of the public. Additionally, attrition of dedicated and experienced officers affected by critical incident stress not only leaves

the agency with the challenge of hiring and training new officers, it also deprives the community of well trained, knowledgeable, and experienced law enforcement officers.

## **METHODOLOGY**

The author's goal in conducting this research is to produce an answer to the research question: Are Critical Incident Stress Management policies and procedures beneficial in law enforcement? The author's purpose is to establish the value of, and need for, such policies and procedures in law enforcement agencies. The author hypothesizes that this research will confirm that both officers and law enforcement agencies benefit when policies of this type are implemented. Additionally the author contends that this study will also affirm that as a result of the stigma associated with it, officers will experience stress about requesting the assistance they need following a critical incident in agencies that lack C.I.S.M. policies mandating program participation. Having established these results through research, the author ultimately hopes that C.I.S.M. policy will be developed and implemented in law enforcement agencies where it did not previously exist.

Attention to the use of critical incident directives has increased significantly during the past few decades. As a result, multiple studies on the topic are available for review as well as a variety of writings in scholarly journals, periodicals, and publications. The author will review several of these writings and document findings pertinent to this research.

Additionally, data has been collected from twenty-five Texas law enforcement officers regarding critical incidents and C.I.S.M. policies. This has been accomplished through the administration of a written survey utilizing categorical and close-ended,

forced response questions. Survey participation was requested of officers from agencies of varying size and geographic location within the state of Texas, and resulted in a 100% response rate. Analysis of this data will produce statistics regarding the percentage of agencies currently employing critical incident policy and procedures both in the total survey sample and by a department size variable. Additionally, analysis will be conducted to examine the percentage of officers who have encountered critical incidents in the course of their work. Further, the data will be computed to show the percentage of officers who indicated a benefit of mandatory participation in critical incident programs in relieving the stresses associated with requesting/receiving psychological assistance.

## **FINDINGS**

Input from professionals in law enforcement has aided the author's research. The true-life experiences of those who serve in the profession are of significant value in evaluating the affects of critical incidents, the responses to them, and their aftermath. In recognizing this value, the author utilized surveys of law enforcement officers for the purpose of this research and their contributions are documented in the paragraphs that follow.

In analyzing the survey results, the author discovered that 60% of the total survey sample indicated their agency had a critical incident policy or procedure of some type in place at the time of the survey. In evaluating the size of the agency as a variable in the existence of such policies and procedures, the author discovered an apparent correlation. The survey sample revealed an association in that critical incident policies existed in a greater percentage in the larger agencies; only 42% of agencies

having less than 50 sworn personnel had policies in place. Comparatively, 75% of agencies employing between 50 and 200 sworn personnel had already implemented such policies, and 80% of agencies with greater than 200 sworn personnel had critical incident policies and/or procedures in place at the time the author conducted this survey.

The author also considered the type of critical incident directives the agencies employed, whether they focused primarily on debriefing procedures or were multicomponent management approaches. The more comprehensive, multicomponent C.I.S.M. programs, existed in vastly fewer agencies, represented by only 20% of the sample. A larger percentage, 40%, of agencies represented in the total survey sample utilized only debriefing strategies. Regretfully, 36% of the agencies in the survey sample did not address critical incidents with policy or procedure and 4% of respondents gave no response regarding the type of directive in place. Given the aforementioned results with regard to the existence of critical incident policies and/or procedures, one might anticipate more in depth and involved critical incident programs from larger agencies; however, interestingly the largest departments in the survey sample represented the greatest percentage of debriefing-only programs as opposed to the more comprehensive, multicomponent C.I.S.M. model. Results revealed that 60% of agencies employing less than 50 sworn personnel utilized debriefing approaches, 50% of agencies employing 50 to 200 sworn personnel incorporated debriefing strategies into their policies and procedures, and 75% of agencies with greater than 200 sworn personnel employ a debriefing focused critical incident directive approach.

Perhaps the most vital and telling survey data is that an overwhelming 84% of all respondents indicated that they, themselves, had been involved in a situation which they felt called for some form of critical incident debriefing or management. Only 67% of respondents who felt they had experienced circumstances that warranted critical incident debriefing or management actually received it, leaving 33% without the help they felt they needed. Of those respondents who had previously participated in either a critical incident management program, or at a minimum had received critical incident debriefing, equal percentages went through the process on their own accord versus by directive; that is, 50% attended voluntarily, and the remaining 50% were present for the process because it was mandatory.

In assessing the responses of all respondents who had been through a critical incident process, mandatory and voluntary attendees alike, 64%, indicated that making participation in an agency's critical incident process mandatory would relieve stress. In evaluating the participation of respondents who had attended a critical incident process voluntarily, it was discovered that 57% did not request the opportunity to attend on their own, but rather attended at the behest or urging of another. Of those who went through a critical incident process because it was mandated that they do so, a notably significant 86% believed that the fact that the process was mandatory relieved the stresses associated with asking for, or receiving, help.

In documenting literary findings on the subject of critical incidents, some methodological issues arise that the author feels are worthy of mention. In reviewing the methodology of various studies on critical incidents and analyzing responses, a fundamental problem exists in the nature of the subject itself. Critical incidents are, by



definition, sudden and unexpected events which result in psychological trauma.

Obviously, traumatic events cannot be predicted, planned or timed, and therefore do not lend themselves to the traditions of controlled studies. Additionally, the very nature of a traumatic critical incident demands that immediate focus be placed on assisting those whose well being has been affected by the incident, rather than research. Traditional methodological analysis places value on research designed with random assignment of control and experimental groups. However, there are obvious concerns surrounding possible psychological injury, as well as ethical concerns, in failing to provide crisis services to either primary or secondary victims of critical incidents by withholding assistance from a control group who may be suffering psychological trauma. Finally, it is difficult to define analysis variables where the impact of a psychological trauma sets the parameters. Is the psychological impact of a natural disaster similar to that of the loss of a fellow officer to a shooting in the line of duty? The differential nature of these stressful critical incidents is difficult to define in measurable terms. In many respects research in this area is in the formative stages and should be given consideration as such. Refinement to these processes will follow as many researchers have begun developing creative approaches to resolving the methodological issues at hand (Jenkins, 1996; Everly, Flannery, & Mitchell, 2000). Given these challenges, evaluations of studies on critical incident stress are better served by consideration of principles of effectiveness rather than traditional standards of efficacy.

These methodological challenges notwithstanding, strong evidence exists to support the effectiveness of critical incident intervention from its roots in individual crisis intervention, through the developments in group psychological debriefing, to

contemporary theories of multicomponent management programs. In an evaluation of individual crisis interventions, 70 Australian males who had been the victim of a serious traffic accident were randomly assigned to groups receiving either no intervention, an immediate, short, one-time session reviewing the incident, or a more vigorous intervention involving an immediate session followed by two to ten one-hour sessions regarding the incident. When evaluated four months later, the victims who did not receive intervention showed significantly greater impairment than those who had received treatment. In fact, the least morbidity was documented among those who had participated in the multicomponent intervention (Everly, Flannery, & Mitchell, 2000; Bordow and Porritt, 1979).

The author discovered an even greater number of studies substantiating the validity of group psychological debriefings as an effective approach to mitigating the negative impacts of critical incident stress. In one such study, Robinson and Mitchell (1995) began inquiries of group debriefing with a more systematic approach, evaluating 31 Mitchell (1983) model debriefings over a nearly two-year period. In these evaluations, 172 hospital, welfare, and emergency services workers went through the debriefing process following responses to traumatic work-related events such as the serious injury or death of a patient, child fatalities, or multiple fatality situations. Within two weeks of the debriefing, questionnaires provided to participants served as posttest evaluations. Analysis of the responses revealed that 77% of the hospital and welfare workers, and 96% of the emergency services workers, reported a reduction in symptoms which they attributed, at least in part, to the debriefing process (Everly, Flannery, & Mitchell, 2000; Robinson and Mitchell, 1995). Additionally, Everly,

Flannery, and Mitchell (2000) document the findings of a number of comparison studies, five of which operated under the Mitchell (1983) model, lending significant support to the effectiveness of critical incident stress debriefing.

Several studies attribute comprehensive, multicomponent C.I.S.M. programs with being the most effective. In a critique of crisis intervention in the form of a critical incident stress management approach, Hokanson (1997) surveyed over 600 respondents to evaluate the program utilized by the Los Angeles County Fire Department. The C.I.S.M. program included preincident training, defusings, peer support, Mitchell (1983) model debriefings (C.I.S.D), and professional referrals when indicated. Fifty-six percent of the respondents indicated they experienced a significant reduction in symptoms within 72 hours of the debriefing. Fourteen percent of those surveyed reported having less persistent post traumatic stress disorder symptoms, a result with implications for lowering workers compensation claims and usage of sick leave (Everly, Flannery, & Mitchell, 2000; Hokanson, 1997). Interestingly, in addition to the study by Hokanson (1997), four empirical studies of C.I.S.M. employing the integrated multicomponent crisis intervention approach reviewed by Everly, Flannery, and Mitchell (2000) cite multiple benefits to the law enforcement agencies or organizations. These benefits included reduction of employee sick leave usage, fewer workers compensation claims, and lower rates of staff turn over.

## **CONCLUSIONS**

Whether conducting street light surveys, working a traffic enforcement assignment, providing referrals to a victim of family violence, or investigating the scene of a violent homicide, law enforcement officers provide some of the most vital services

to the communities they serve. This highly dedicated group of people, who are driven to help others, often experience or bear witness to some of life's most devastating events. It is in the greatest interest of all to remember that although frequently heroic, they are but mere humans and vulnerable to psychological injury as a result of the critical incidents they are exposed to.

Protecting the psychological health and well being of members of the law enforcement services is crucial to the officers, law enforcement agencies, and the community. The author's purpose in this research has been to clearly establish the value of policies and procedures addressing the stress officers face as a result of critical incidents and the need for law enforcement agencies to implement these types of directives. To serve this purpose the author addressed the research question, "Are Critical Incident Stress Management policies and procedures beneficial in law enforcement?" The author hypothesized this research would establish that implementing critical incident policy and procedure would benefit not only the law enforcement officer, but the agency as well. The author also anticipated that the research would additionally establish that officers experience stress associated with asking for assistance following a critical or traumatic incident due to a stigma among law enforcement officers regarding asking for help.

Thoughtful consideration of the literary findings regarding various forms of critical incident programs clearly reveals that law enforcement officers benefit from the attenuation of the negative symptoms associated with psychological injuries. Multiple reviews of various studies in this area validate the effectiveness of such programs. Additionally, a number of literary reviews document benefits to the law enforcement

agency or organization by addressing the aftermath of critical incidents. Reviews find positive benefit in the form of reduced dysfunction and disciplinary problems among employees receiving assistance, as well as reduced overall costs associated with workers compensation claims and employee usage of sick leave. Another less frequently considered benefit is the retention of an experienced and knowledgeable veteran police officer. Untold costs lay in the training and time that must be invested to develop such an officer. Undoubtedly, it is less expensive to utilize preventative intervention, and retaining valuable personnel as a result of an effective critical incident program reaps benefit to the law enforcement agency. Certainly, implementing the measures necessary to ameliorate these stress conditions is in the organizations greatest interest.

The author conducted research in the form of written surveys completed by law enforcement officers as well. In analyzing the results of this survey, it is clearly substantiated that participation in critical incident programs by mandate of the agency alleviates stresses associated with asking for or, receiving assistance. Additionally, on a perhaps more profound note, an overwhelming majority of the officer surveyed indicated that they had experienced an incident which they felt merited critical incident debriefing or management.

As noted earlier, some issues have been brought to light that add to the difficulty of conducting empirical studies of this topic. Traditional standards of efficacy are not easily utilized in evaluating studies on this subject and review of this topic is better served by considering effectiveness. Notwithstanding these complexities, the author's research clearly supports the author's hypotheses.

The mind and the body are inextricably intertwined, what affects one, will affect the other (Sheehan, Everly, & Langlieb, 2004). Law enforcement officers frequently survive the scene and then must face the battle of surviving the memory. Without appropriate assistance guiding officers in healing from the psychological injuries, widespread negative consequences may occur. The negative impact will ripple from the officer, to the organization, and on to the community. Implementation by law enforcement agencies of critical incident policies and procedures will have a tremendous positive impact in averting these tragedies.

## REFERENCES

- Bordow, S., & Porritt, D. (1979). An experimental evaluation of crisis intervention. *Social Science and Medicine*, 13, 251-256.
- Caplan, G. (1964). *Principles of preventive psychiatry*. New York: Basic Books.
- Clark, M., & Friedman, D. (1992). Pulling together: Building a community debriefing team. *Journal of Psychosocial Nursing*, 30, 27-32.
- Everly, G. S., Jr., Flannery, R. B. Jr., & Mitchell, J. T. (2000). Critical incident stress management (CISM): a review of the literature. *Aggression and Violent Behavior*, 5 (1), 23-40.
- Everly, G. S., Jr., & Mitchell, J. T. (1997). *Critical incident stress management (CISM): A new era and standard of care in crisis intervention*. Ellicott City MD: Chevron.
- Flannery, R. B., Jr. (1994). *Post-traumatic stress disorder: The victim's guide to healing and recovery*. New York: Crossroad Press.
- Flannery, R. B., Jr. (1995). *Violence in the workplace*. New York: Crossroad Press.
- Grinker, R. R., & Spiegel, J. P. (1945). *Men under stress*. New York: McGraw-Hill.
- Hokanson, M., (1997). *Evaluation of the effectiveness of Critical Incident Stress Management Program for the Los Angeles County Fire Department*. Paper presented at the Fourth World Congress on Stress, Trauma and Coping in the Emergency Services Professions, Baltimore.
- Jenkins, S. R. (1996). Social support and debriefing efficacy among emergency medical workers after a mass shooting incident. *Journal of Social Behavior and Personality*, 11, 477-492.

- Khantzian, E. (1985). The self-medication hypotheses of addictive disorders: Focus on heroin and cocaine. *American Journal of Psychiatry*, 142, 1259-1264.
- Kureczka, A. (1996, February). Critical incident stress in law enforcement. *FBI Law Enforcement Bulletin*, 65 (2/3), 7-10. Retrieved July 16, 2005, from Academic Search Premier database (9603131716).
- Linton, J. C. (1995). Acute stress management with public safety personnel: Opportunities for clinical training and pro bono community service. *Professional Psychology: Research and Practice*, 26 (6), 566-573.
- Martin, K. R. (1993). Pulling together to cope with the stress. *Nursing*, 23 (5), 39-41. Retrieved July 16, 2005, from Academic Search Premier database (4897039).
- McCafferty, R. L., McCafferty, E., & McCafferty, M. A. (1992). Stress and suicide in police officers: Paradigm of occupational stress. *Southern Medical Journal*, 85, 233-240.
- McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131-149.
- Mitchell, J. T. (1983). When disaster strikes: The critical incident debriefing process. *Journal of Emergency Medical Services*, 8, 36-39.
- Mitchell, J. T., & Bray, G. R. (1990). *Emergency services stress: Guidelines for preserving the health and careers of emergency services personnel*. Englewood Cliffs, NJ: Prentice-Hall.



- Mitchell, J. T., & Everly, G. S., Jr. (1993). *Critical Incident Stress Debriefing (CISD): An operations manual for the prevention of traumatic stress among emergency services and disaster workers*. Ellicott City, MD: Chevron.
- Reese, J. T., Horn, J. M., & Dunning, C. (1991). *Critical incidents in policing*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation.
- Robinson, R. C., & Mitchell, J. T. (1995). Getting some balance back into the debriefing debate. *The Bulletin of the Australian Psychological Society*, 17, 5-10.
- Sacks, S. B., Clements, P. T., & Fay-Hillier, T. (2001). Career perspectives: Care after chaos: Use of critical incident stress debriefing after traumatic workplace events. *Perspectives in Psychiatric Care*, 37 (4), 133-136. Retrieved July 14, 2005, from ProQuest database (99524885).
- Sandoval, J. (1985). Crisis counseling: Conceptualizations and general principles. *School Psychology Review*, 14, 257-265.
- Sheehan, D., Everly, G.S., Jr., & Langlieb, A. (2004, September). Coping with major critical incidents. *FBI Law Enforcement Bulletin*, 73 (9), 1-13. Retrieved July 16, 2005, from Academic Search Premier database (14960741).
- Smith, C. L., & deChesnay, M. (1994). Critical incident stress debriefings for crisis management in post-traumatic stress disorders. *Medicine and Law*, 13, 185-191.

## APPENDIX

Please return to:  
Sergeant Robbin Zettlemoyer  
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3814 University Boulevard  
West University Place, Texas 77005  
713-668-0330

### **Research Survey:** **Critical Incident Stress Debriefing and/or Management**

1. Please check the appropriate box to indicate your age group.  
☐ 20-29      ☐ 30-39      ☐ 40-49      ☐ 50-59      ☐ 60+
2. Please check the appropriate box to indicate the number of sworn personnel at your agency.  
☐ <50      ☐ 50-200      ☐ 200+
3. Does your agency have a critical incident stress debriefing or management policy/procedure in place?  
☐ Yes      ☐ No
4. If yes, please indicate whether your agency's policy/procedure includes only debriefing or if there is a multicomponent management program in place.  
☐ Debriefing only      ☐ Management program      ☐ N/A
5. Have you been involved in a situation you felt called for critical incident debriefing or management?  
☐ Yes      ☐ No
6. Did you receive critical incident debriefing or management?  
☐ Yes      ☐ No      ☐ N/A
7. If yes, was your participation voluntary or mandatory?  
☐ Voluntary      ☐ Mandatory      ☐ N/A
8. If your participation was voluntary, was it at your request?  
☐ Yes      ☐ No      ☐ N/A
9. If your participation was mandatory, do you feel mandatory programs relieve the stress associated with asking for/receiving help?  
☐ Yes      ☐ No      ☐ N/A

Additional comments: \_\_\_\_\_  
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